

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election



Name of Committee Committee to Elect Kelly Mims
Address P.O. Box 1037 Tupelo, MS 38802
Telephone 769/610-3188 Fax _____
Treasurer Don O. Gleason Email James@Bluedotgroup.com

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
____ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
✓ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|----------------------------------|-------------------------|-------------------------|
| Total amount of contributions | \$17,500 + \$2575 | \$ 20,075 | \$ 55,550 |
| Total amount of disbursements | \$11,058 ⁹⁰ + \$4,195 | \$ 15,253 ⁹⁰ | \$ 48,058 ³⁵ |
| Total amount of cash on hand | | \$ 7,491 ⁶⁵ | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

10/26/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1488 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Kelly Mims
 Reporting period October 1 through October 27

ITEMIZED DISBURSEMENTS

| | | |
|---|--|--|
| A. Full name <u>Blue Dot Group</u> | Date (Mo., Day, Year) <u>10 / 1 / 10</u> | Amount of each disbursement this period \$ <u>1500 -</u> |
| Mailing Address | <u>10 / 1 / 10</u> | \$ <u>1500 -</u> |
| City, State, Zip Code <u>Jackson, MS</u> | <u>10 / 22 / 10</u> | \$ <u>1000</u> |
| Purpose of Disbursement (Optional) <u>Consulting</u> | Aggregate Year-to-date | \$ <u>20,460.25</u> |
| B. Full name <u>W TVA</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>10 / 1 / 10</u> | \$ <u>4,279.75</u> |
| City, State, Zip Code <u>Tupelo, MS</u> | <u>10 / 5 / 10</u> | \$ <u>300 -</u> |
| Purpose of Disbursement (Optional) <u>TV Advertising / Production Expenses</u> | Aggregate Year-to-date | \$ <u>6,976.75</u> |
| C. Full name <u>Sprint Print</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>10 / 6 / 10</u> | \$ <u>224.15</u> |
| City, State, Zip Code <u>Tupelo, MS</u> | <u> / / </u> | \$ <u> </u> |
| Purpose of Disbursement (Optional) <u>Print Work</u> | Aggregate Year-to-date | \$ <u>224.15</u> |
| D. Full name <u>Comcast Cable</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>10 / 20 / 10</u> | \$ <u>1105</u> |
| City, State, Zip Code <u>Tupelo, MS</u> | <u> / / </u> | \$ <u> </u> |
| Purpose of Disbursement (Optional) <u>TV Advertising</u> | Aggregate Year-to-date | \$ <u>1105 -</u> |
| E. Full name <u>NEMS Daily Journal</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>10 / 20 / 10</u> | \$ <u>400</u> |
| City, State, Zip Code | <u> / / </u> | \$ <u> </u> |
| Purpose of Disbursement (Optional) <u>Print Advertising</u> | Aggregate Year-to-date | \$ <u>400</u> |
| F. Full name <u>Tele South</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>10 / 27 / 10</u> | \$ <u>250</u> |
| City, State, Zip Code <u>Tupelo, MS</u> | <u> / / </u> | \$ <u> </u> |
| Purpose of Disbursement (Optional) <u>Radio Advertising</u> | Aggregate Year-to-date | \$ <u>250</u> |

Name of Candidate or Committee Committee to Elect Kelly Mims
 Reporting period October 1 through October 23

ITEMIZED DISBURSEMENTS

| | | |
|---|-----------------------------------|--|
| A. Full name <u>WTVA</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>10/21/10</u> | \$ <u>2500</u> |
| City, State, Zip Code | <u> </u> / <u> </u> / <u> </u> | \$ |
| Purpose of Disbursement (Optional) <u>TV Advertising</u> | Aggregate Year-to-date | \$ <u>8,976</u> ²⁵ |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code | <u> </u> / <u> </u> / <u> </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code | <u> </u> / <u> </u> / <u> </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code | <u> </u> / <u> </u> / <u> </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code | <u> </u> / <u> </u> / <u> </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code | <u> </u> / <u> </u> / <u> </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |

Name of Candidate or Committee Kelly Mims
 Reporting period Oct. 1 through Oct 23

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Wilbur Colom</u> | | <u>10/1/10</u> | \$ <u>500</u> |
| Mailing Address _____ | | <u>1/1/</u> | \$ |
| City, State, Zip Code _____ | | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>Colom Law Firm</u> | | <u>1/1/</u> | \$ |
| Occupation (Required) <u>Attorney</u> | | Aggregate year-to-date | \$ <u>500</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Wheeler and Franks Law Firm</u> | | <u>10/7/10</u> | \$ <u>1000</u> |
| Mailing Address _____ | | <u>1/1/</u> | \$ |
| City, State, Zip Code _____ | | <u>1/1/</u> | \$ |
| Name of Employer (Required) _____ | | <u>1/1/</u> | \$ |
| Occupation (Required) <u>Law Firm</u> | | Aggregate year-to-date | \$ <u>1000</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Moffett Law Firm</u> | | <u>10/7/10</u> | \$ <u>500</u> |
| Mailing Address _____ | | <u>1/1/</u> | \$ |
| City, State, Zip Code _____ | | <u>1/1/</u> | \$ |
| Name of Employer (Required) _____ | | <u>1/1/</u> | \$ |
| Occupation (Required) <u>Law Firm</u> | | Aggregate year-to-date | \$ <u>500</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Jason Lee Shelton</u> | | <u>10/7/10</u> | \$ <u>500</u> |
| Mailing Address _____ | | <u>10/18/10</u> | \$ <u>500</u> |
| City, State, Zip Code _____ | | <u>1/1/</u> | \$ |
| Name of Employer (Required) <u>Shelton & Assoc</u> | | <u>1/1/</u> | \$ |
| Occupation (Required) <u>Attorney</u> | | Aggregate year-to-date | \$ <u>2750</u> |

Name of Candidate or Committee Kelly Mims
 Reporting period Oct 1 through Oct 23

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Akins and Adams</u> | | <u>10/11/10</u> | \$ <u>500</u> |
| Mailing Address _____ | | <u>1/1</u> | \$ |
| City, State, Zip Code _____ | | <u>1/1</u> | \$ |
| Name of Employer (Required) _____ | | <u>1/1</u> | \$ |
| Occupation (Required) <u>Law Firm</u> | | Aggregate year-to-date | \$ <u>500</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Larry Mims</u> | | <u>10/18/10</u> | \$ <u>1050</u> |
| Mailing Address _____ | | <u>1/1</u> | \$ |
| City, State, Zip Code _____ | | <u>1/1</u> | \$ |
| Name of Employer (Required) _____ | | <u>1/1</u> | \$ |
| Occupation (Required) <u>Retired</u> | | Aggregate year-to-date | \$ <u>1,100</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Loan to Self</u> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Kelly L. Mims</u> | | <u>10/11/10</u> | \$ <u>4,000</u> |
| Mailing Address _____ | | <u>10/18/10</u> | \$ <u>4,000</u> |
| City, State, Zip Code _____ | | <u>10/22/10</u> | \$ <u>5,000</u> |
| Name of Employer (Required) <u>Mims and Logan</u> | | <u>1/1</u> | \$ |
| Occupation (Required) <u>Attorney</u> | | Aggregate year-to-date | \$ <u>24,200</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name _____ | | <u>1/1</u> | \$ |
| Mailing Address _____ | | <u>1/1</u> | \$ |
| City, State, Zip Code _____ | | <u>1/1</u> | \$ |
| Name of Employer (Required) _____ | | <u>1/1</u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ |